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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) **Initial Appointment** **Amended Statement**

Candidate Candidate Name: **Harry W Schwarz**

Address: **1101 Shawnee St.**

Address2:

City: **Leavenworth** Zip: **66048**

Home Phone: **(816) 401-7547** Business Phone: **(913) 758-4296** Cell Phone:

County: **Leavenworth** Email Address: **hschwarz1980@gmail.com**

Office Sought: **State Representative** District No.: **41**

Treasurer Date Appointed: **02/11/2022**

Treasurer Name: **Carlos Rivera Jr.**

Address: **1014 Ironwood Ct.**

Address2:

City: **Leavenworth** State: **KS** Zip: **66048**

Home Telephone: **(816) 490-3947** Business Phone: **(816) 490-3947** Cell Phone:

Email Address: **carlos.riverajr80@gmail.com**

Candidate Date Appointed:

Committee Chairperson's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

Date Appointed:

Treasurer's Name:

Address:

Address2:

City: State: Zip:

Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **2/11/2022 10:21:14 AM** Signature of Candidate: **Harry W. Schwarz**

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